

COURT'S COPY
ORIGIN
w/ summary
Docket
13955

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

MAR 11 2008
MAR 11, 2008
MICHAEL W. DOBINS
CLERK, U.S. DISTRICT COURT

SCOTT HILDRETH

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV1461

JUDGE CASTILLO

MAGISTRATE JUDGE BROWN

vs.

Case

(To be supplied by the Clerk of this Court)

JOHN STROGER, JR.
TOM DART
ANTHONY GUDINEZ
DR. E. COUTURE
DR. KEVIN SIMMS
SHARON MCGILLICUTTY
SGT. THOMAS
C.O. SUNGKAPAN
C.O. MASELKO

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: SCOTT HILDRETH
- B. List all aliases: NONE
- C. Prisoner identification number: 2007-0028801
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: P.O. BOX 089002, CHICAGO, IL. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: JOHN STROGER, JR.
 Title: COOK COUNTY BOARD PRESIDENT
 Place of Employment: 118 N. CLARK ST., SUITE 537, CHICAGO, IL.
- B. Defendant: TOM DART
 Title: COOK COUNTY SHERIFF
 Place of Employment: 50 W. WASHINGTON, ROOM 704, CHICAGO, IL. 60602
- C. Defendant: ANTHONY GUDINEZ
 Title: COOK COUNTY DEPARTMENT OF CORRECTIONS DIRECTOR
 Place of Employment: 7 262 Adams Ave Chicago 60608

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

SEE ATTACHED PAGE 2A

D. DR. E ⁷ COUTURE

CERMAK HOSPITAL MEDICAL DIRECTOR

2800 S. CALIFORNIA AV., CHICAGO, IL. 60608

E. DR. KEVIN SIMMS

MEDICAL DOCTOR

⁷ DIVISION 9, CHICAGO, IL. 60608

F. SHARON MC GILLICUTTY

NURSE

⁷ DIVISION 9, CHICAGO, IL. 60608

^{BK made 7}
G. ⁷ THOMAS

COOK COUNTY SHERIFF'S DEPUTY SGT.

⁷ DIVISION 9, CHICAGO, IL. 60608

H. ⁷ SUNGKAPAN

COOK COUNTY SHERIFF'S DEPUTY CORRECTIONS OFFICER

⁷ DIVISION 9, CHICAGO, IL. 60608

I. ⁷ MASELUKO

COOK COUNTY SHERIFF'S DEPUTY CORRECTIONS OFFICER

⁷ DIVISION 9, CHICAGO, IL. 60608

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: SCOTT HILDRETH V. COOK COUNTY, ET AL ; 07 C 4696
- B. Approximate date of filing lawsuit: AUGUST 20, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: SCOTT HILDRETH
- D. List all defendants: COOK COUNTY, IL.
COOK COUNTY SHERIFF TOM DART
DEPUTY DETECTIVE CHRISTOPHER MCGUIRE #932
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT OF ILL., EASTERN DIV.
- F. Name of judge to whom case was assigned: MATTHEW F. KENNELLY
- G. Basic claim made: ILLEGAL ARREST 4TH AMENDMENT VIOLATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): PENDING
- I. Approximate date of disposition: DOES NOT APPLY

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I would like to bring this action against all defendants, under the color of law, in their official capacity except four of them: Mc Gillicutty (#6), Sgt. Thomas (#7), C.O. Sungkapan (#8), and C.O. Maseleko (#9). If possible, and/or if the court would allow it, these particular defendants in their individual capacities. I would be seeking the amount of \$5,000 each out-of-pocket for their failure to do what was necessary — to contact who should have been contacted, or, in turn, keeping me from getting medical treatment or seeing medical staff, or simply interfering with my receiving prescribed medication. As for nurse Mc Gillicutty, it's her failure to do her job and comply with the Hippocratic Oath.

This suit is about my getting "reasonably adequate" medical care, services at a level reasonably commensurate with modern medical science and of a quality acceptable within prudent professional standards. It is about continued negligence from April 20, 2007 through and up to February 3, 2008 for a serious pre-existing illness, Parkinson's Disease. As an example, a prescription was written on January 25 yet I never received any medication until after February 3, 2008 — ten days — no medication at all for a serious illness. No one cared at all. This is deliberate indifference to a serious medical need which constitutes the unnecessary and wanton infliction of pain — proscribed by the Eighth Amendment. Also applied the deliberate indifference standard to pre-trial detainees under the due process clause.

To add insult to injury, I have been ridiculed, called names, and mocked. Jail as well as court personnel have contributed to this. When plaintiff asked C.O.'s Sungkapan and Maselako to help him get a hold of medical staff and/or medication, the conversation turned to whether or not he had to file another lawsuit against Tom Dart, at which point the two C.O.'s started whispering between themselves and snickering like little school girls. In particular, Maselako had a Devil-may-care attitude and stated something to

the effect "go ahead and sue, see if I care, screw Tom Dart." Sungkapan chimed in, "I agree."

Mr. Hildreth, plaintiff, has been continually and constantly denied the medical attention and treatment he is entitled to under every legal, medical, constitutional and D.O.C. guideline down to basic, simple, banal humane treatment.

Since April 20, 2007 to February, 2008 at Cook County Jail, Division 9, he has been denied medication on a steady basis, as well as proper medical treatment and care, which the Constitution requires prison (and jail) authorities to provide. He has repeatedly conveyed to them the seriousness of his condition — his inability to function in an everyday manner — without his medication. Bodily functions, writing, reading, eating and swallowing, sleeping, walking, sitting (and others) are next to impossible.

Condition has been exacerbated due to poor and neglectful treatment which has culminated in deterioration of a nature heretofore experienced.

Plaintiff Hildreth has been denigrated, condemned, maligned by line and staff. Stress has been introduced by CCT personnel, further hurting him. He can not defend himself

legally due to his writing and reading problems from lack of meds.

Documentation by I.D.O.C. is in the CCT files and Dr. Couture is aware of them, whether she owns up to it or not. Further documentation in the form of grievances and requests (attached) are part and parcel of all this. The problems are never solved or addressed, as the employees play a game of pass-the-buck, capriciously dodging and ducking the issues at hand. In addition, there is name-calling and chortling, giggling and laughing directed at Mr. Hildreth in the most gratuitous ways. No human being, incarcerated or not, should have to be exposed and subjected to such deliberate indifference.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to make an impact on the operations at CCIJ affecting the staff conduct towards healthcare and the dispensing of medication, so that I am no longer -and others- subject to this type of inhumane treatment. The defendants in their individual capacity should be ordered to pay \$5,000 each out-of-pocket; the remaining defendants should be held responsible for \$165,000.

VI. The plaintiff demands that the case be tried by a jury.

☐ YES

☒ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 15th day of Feb., 2008

Scott Hildner

(Signature of plaintiff or plaintiffs)

SCOTT HILDNER

(Print name)

2007 - 0028801

(I.D. Number)

Box 089002

Chgo, Ill. 60608

(Address)

(Court Branch)

(Court Date)

CCCR-N662-100M-11/14/97 (83420157)

(This form replaces CCG-0662 " & " CCMC-216)

FELONY COMPLAINT

Class x

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

The People of State of Illinois
Plaintiff

COMPLAINT FOR PRELIMINARY EXAMINATION

NO. _____

Defendant _____

complainant, now appears before

(Complainant's Name Printed or Typed)

The Circuit Court of Cook County and states that

has, on or about

(address)

at

(date)

(offense)

committed the offense of

in that he

in violation of

(Chapter)

(Act)

(Section)

2							
---	--	--	--	--	--	--	--

CHARGE CODE

(Complainant's)

(Complainant's Address)

(Telephone No.)

(Complainant's Name Printed or Typed)

STATE OF ILLINOIS } ss:
COOK COUNTY

Being first duly sworn, the Complainant on oath, deposes and says that he read the foregoing complaint by him subscribed and that the same is true.

(Complainant's Signature)

Subscribed and sworn before me on this

(Judge, Deputy Clerk or Clerk)

I have examined the above complaint and the person presenting the same and have heard evidence thereon, and am satisfied that there is probable cause for filing same. Leave is given to file said complaint.

SUMMONS ISSUED Judge _____
or _____

Judge's No. _____

WARRANT ISSUED Bail set at: _____
or _____

BAIL SET AT: Must be Set by Judge Judge _____

Judge's No. _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ORIGINAL COPY



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: SCOTT HILDRETH Today's Date: 2/1/08
ID #: 2007 -- 0028801 Division: 9 Tier: 3H Birth Date: 5/28/58
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM **USE A SEPARATE REQUEST FORM FOR EACH PROBLEM.** EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

Describe your problem: I saw Dr. Kevin Simms (and other doctor, too) on Wed., Jan. 30, 2008. A prescription for me was written Jan. 25 and not acted upon in manner of being delivered to me... in fact, as of 2/1/08, I have still received none. All medical staff - doctors, nurses, pharmacologists, director, paramedic, etc - other than nurse Lorraine, are remiss and derelict and indolent and have a don't give a damn, sanctimonious attitude in violation of Hippocratic Oath & Dept. of Ill. legal code and A.M.A., etc. There is absolutely no
How long have you had this problem? 14 yrs days + weeks + months (none over)
Next Court Date:

!!!STOP!!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note:

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL

FROM
OTHER
SIDE



DETAINEE FORMA DE SERVICIOS DE SALUD
Side 2 - Spanish

Nombre: _____ Fecha de hoy día: _____
Numero _____ Dia de _____
De: _____ Divicion: _____ Celda: _____
(Año que entro) (Numero) Nacimiento: _____

USE ESTA FORMA PARA UN SOLO PROBLEMA, YA SEA MEDICO, DENTISTA, O SIQUIATRICO. SI USTED TIENE OTRO PROBLEMA, DEBE LLENAR ORTA NIEVA FORMA. SU PEDIDO SERA REFERIDO AL SERVICIO APROPIADO.

Describe su problema: *excuse or call for this inhumane, egregious, abominable inaction. A full frontal attack along the lines of law suits, media exposure, private investigative efforts, and any other drastic measures is going to be launched before I or someone else suffers irreparable damage, disfiguration, disease, or death, due to this neglect - willful and wanton neglect & non-performance. I demand and want Sharon McGillicuddy, nurse fired for her defiance of me and open disregard for my health.*
Cuanto tiempo a tenido este problema? _____ dias / semanas / meses (marque uno) *You will all be hearing from the Federal Courts.*
Siguiente día de corte: *hearing from the Federal Courts.*
This was the last straw - I've had no medication in the last SEVEN DAYS.
!!!ALTO!!! NO ESCRIBA DE BAJO DE ESTA LINEA

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date: _____

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



963 Feb 2 1948

93 S.Ct. 2041 BUSTAMANTE

1.1
 CBMAK PHARMACY
 2800 SO. CALIF., CHICAGO, IL 60608
 CO, 304, 581
 HILDRETH, SCOTT
 00070028801
 DR. K. SIMS
 PRAMIPEXOLE DIHYD
 NON-FORMULARY
 TABLET 3 TIMES A DAY BY MOUTH
 REF 10 #21
 09-34-32-65
 LOT NO. 7
 FILED BY 12/1/7
 EXP DATE 3-7
 CL6

COOK COUNTY DEPARTMENT OF CORRECTIONS

DETAINEE GRIEVANCE

Detainee Last Name: WILLIAMS First Name: KEVIN

ID #: 7007-0023001 Div.: 9 Living Unit: 3H Date: 1/13/08

BRIEF SUMMARY OF THE COMPLAINT: I am tired of insufficient medical

treatment. I have swollen feet for over 10 days. I told

my doctor I had for over 10 days. I told her I had

swollen feet for over 10 days and she said she would

take care of it. I told her I had swollen feet for over

10 days and she said she would take care of it. I told

her I had swollen feet for over 10 days and she said

she would take care of it. I told her I had swollen

feet for over 10 days and she said she would take

care of it. I told her I had swollen feet for over

10 days and she said she would take care of it. I

told her I had swollen feet for over 10 days and she

said she would take care of it. I told her I had

swollen feet for over 10 days and she said she

would take care of it. I told her I had swollen

feet for over 10 days and she said she would take

care of it. I told her I had swollen feet for over

10 days and she said she would take care of it. I

told her I had swollen feet for over 10 days and

she said she would take care of it. I told her I

had swollen feet for over 10 days and she said

DETAINEE SIGNATURE: [Signature]

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 1/13/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Hildreth First Name: Scott ID#: 2007-0029801Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: denied medical attention
and medicationC.R.W. Referred Griev. To: Cermack Date Referred: 05/10/07Response Statement: Detainee is not satisfied with the response to his grievance.
He is requesting a hearing and a meeting with the grievance committee.

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 5/11/07 Div./Dept. 113

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 5/11/07 Div./Dept. 113

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 5/11/07Date Detainee Received Response: 5/14/07Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 5/14/07Detainee's Basis For An Appeal: Detainee is not satisfied with the response to his grievance.
He is requesting a hearing and a meeting with the grievance committee.Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: 5/14/07 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()

PART - C

C.C.D.O.C. DETAINEE GRIEVANCE PROCESSED AS A REQUEST

* Please note: When processed as a request, PART - B is not applicable. *

Detainee's Last Name: HILDETH First Name: ScottID#: 2007-0028801 Div: 9 Tier/Living Unit: 214Date of Request: 5/18/07 Date C.R.W. Received Request: 5/22/07This Request has been processed by: [Signature] C.R.W.

Summary of Request:

WANTS INCREASE DOSE OF
MEB.

Response and/or Action Taken:

As per discussion with Kevin
in Disp. Div 9, Inmate HILDETH
is awaiting new medication
and continues to have severe

(Print- name of individual responding)

(Signature of individual responding)

Date: 5/24/07 Div./Dept. 9

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: AULDRETH First Name: SCOTT ID# 2007 - 0025201Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: LACK OF PROPER MEDIATION
IS ALLEGEDC.R.W. Referred Griev. To: CEK/MAK Date Referred: 5/1/2007

Response Statement:

Referred to Medical ServicesMedication for back pain was not given for 2 weeks(print - name of individual responding to this griev.) C. S. K. / 10002 Date: 1/25/07 Div./Dept. 10002(signature of individual responding to this griev.) [Signature] Date: 1/25/07 Div./Dept. 10002(print - name of Supt. / Designee / Dept. Admin.) [Signature] Date: 1/25/07 Div./Dept. 10002(signature of Supt. / Designee / Dept. Admin.) [Signature] Date: 1/25/07 Div./Dept. 10002(print - name of Prog. Serv. Admin. / Asst. Admin.) [Signature] Date: 1/25/07 Div./Dept. 10002(signature of Prog. Serv. Admin. / Asst. Admin.) [Signature] Date: 1/25/07 Div./Dept. 10002Date Detainee Received Response: 5/1/07 Detainee Signature: [Signature]**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 1/25/07Detainee's Basis For An Appeal: [Signature][Signature][Signature]Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

[Signature]

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: 1/25/07 Detainee Signature: [Signature]

GRIEVANCE CODE(S): () () () ()

C.C.D.O.C. DETAINEE GRIEVANCE PROCESSED AS A REQUEST

* Please note: When processed as a request, PART - B is not applicable. *

Detainee's Last Name: Hildreth First Name: Scott

ID#: 2007-0038501 Div: 9 Tier/Living Unit: 21H

Date of Request: 6/19/07 Date C.R.W. Received Request: 6/27/07

This Request has been processed by: II Amy Dargatzis C.R.W. Boonin

Summary of Request:

CONCERNED ABOUT MEDICAL RESPONSE

Response and/or Action Taken:

As per DISPENSARY INMATE
will be given MEDICATION today
and will be seen for REGULAR
CHECK UP ON MONDAY JULY 2

(Print- name of individual responding)

(Signature of individual responding)

Date: 6/26/07 Div./Dept. 9

Weds. 6-20-07

Americ. Med. Assn.,

Director of AMA,

Sir,

Does The Hippocratic Oath, mean anything anymore?
I CANT TELL. This is the 2nd letter from me to The
AMA.!

I am suffering from Parkinsons disease.

I am not getting proper medical ~~OTM~~ treatment
medication. ~~Per~~ Through COOK COUNTY Jail
medical STAFF. And GRIMM HOSP.?

A. Doctor ~~ANAGLATE~~ in Div 9. has no professional
attitude actually a poor human attitude! He
denied me med. I've been taking EC 13 yrs + ?!

Said I didnt need it. In his 120 second diagnoses.
later done similar to others.

Id like to hear from someone at AMA so I know
you are receiving these letters and acknowledging
same ?!

PS I've Filed Numerous grievances to no Avail
ALSO unprofessional nurse Package - requires some
condemn for Price ? nurse ct

Sincerely
Joe A

EXHIBIT

7-28-07

Here I sir I have not had my meds for two days. Sgt Yang was aware of it. He called the dispensary yesterday they said get it next morning. None yet so after 2:00pm can't even write well can't walk can't move well. ongoing thing there.

Sgt Yang

M. L. R.

Daniel H. Ragan

Timothy R. R.

M. L. R.

Richard H. R.

Patrick Twist 20060098169

Run out of meds August 17-18, 1972. An ongoing thing
 Conf no meds Aug 27-28, 1972!

No med Sept 23, 24, 25, 26, 27, 28, 29!

I MICHAEL ORR AM WRITING THIS FOR SCOTT DUE
TO HIS ILLNESS. CANT WRITE WELL.

#1 CLAIM FORM

WHILE IN COOK COUNTY JAIL I HAVE
BEEN TREATED WITH INDIFFERENCE TO A
PREEXISTING ILLNESS PARKINSONS (13 YRS)
DENIED MEDICATION, MAKE TO WALK 1/2 MILE
ON SEVERAL OCCASIONS WHEN UNABLE TO WALK
DUE TO NO MEDICATION AT ALL. I HAVE BEEN
MADE FUN OF CALLED NAMES AND RIDICULED SEVERAL
DIFFERENT TIME APPEARS AS PENGUIN MAN SHUFFLER
GEISHA MAN SHORT STEPS - DUE TO MY ILLNESS.
HAVE BEEN TOLD THAT NOTHING IS WRONG WITH
ME GUIT FALKING

MEDICATION - MEDICAL TREATMENT

6-28-07

Dr. E. COUTURE 773 869 5623

Scott Hildner #2007-0028801 Div. 9.2H

Parkinsons - symptoms. meds. Mirapex 1mg 8xday +
Did not get for 1 month in CC. 1?

~~Dr. Hildner~~ Dr. E. ANAGLATE TOLD me I don't need
meds nothing wrong with me. I can walk etc. what now
?!!?? I've been medicated Diagnosed Apr 1991

CAT scans - MRI's etc. - 7 years ago?

Now I'm having TROUBLE getting my meds
as prescribed per med. Director B. COUTURE
I get 15 pills sometimes ? not always now.
why? Could be grooved. not sure.

I am taking lower doses of my meds now.

CORREUS.	4-26	4-26
	5-7	5-2
	5-18	5-18
	5-21	5-21
		6-19